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ABSTRACT

With the entry of more women into the labor force during the 1970's than in any other decade in this century, the effects of this phenomenon on women's mental health have become a great concern. The relationship between workforce participation and depressive symptomatology was examined in a survey of 82 low-income mothers with young children. Results showed an association between holding a job and reporting few depressive symptoms, indicating that the rising unemployment rates of women may be related to the high rates of depression among women at the low end of the economic spectrum. The importance of flexibility between work and home on the mental health of working mothers requires further investigation. (Author/KMF)

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WORK, FAMILY, AND MENTAL HEALTH IN THE LIVES OF LOW INCOME MOTHERS

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WORK, FAMILY, AND MENTAL HEALTH IN THE LIVES OF LOW INCOME MOTHERS

More women joined the labor force during the 1970's than in any other decade of this century (Reynolds, 1980). There has been much speculation but little evidence about the effect that women's rising participation rates has had on their mental health.

The research I am presenting here focuses on the mental health impact of employment for a particular subpopulation of working women - mothers whose incomes hover around poverty level. The first question I pose is the straightforward query of whether the mental health of low income working mothers is better or worse than that of women who are not working. The second question focuses on those women from this sample of low income mothers who are currently holding jobs and asks what the effect of lack of flexibility between work and home is for these working mothers. The measure of well-being or mental health which I have used here is a scale of depressive symptomatology. Because research has found that there is considerable overlap between scales of depressive symptomatology and other measure of psychiatric impairment (Link and Dohrenwend, 1980), I will be using "mental health", "well-being", and "depression" interchangeably.

Epidemiological studies conducted in the mid-1970's gave cause for great concern about the mental health of women in general and about the well-being of low income mothers of young children in particular. Mental health specialists Myrna Weissman and Gerald Klerman (1977) published an impressive compilation of data on the incidence of depression. Taken as a whole, these data indicate that women are twice as likely as men to experience severe depression. This convergence of evidence, coupled with some time trend data indicating a rather sharp rise in female suicide attempts (Weissman, 1974; 1975), led epidemiologists to speculate that there was an epidemic of depression among women. Reports from two surveys conducted at the National Institute of Mental Health and the National Institutes of Health isolated low income mothers of young children as the demographic group most at risk for depression (Radloff, 1975; Pearlin, 1978). The special vulnerability of mothers of young children living at the lower end of the economic spectrum was also found in an English sample by sociologist George Brown (Brown, Bhrolchain, and Harris, 1975).

The spectre of an epidemic of depression caused one epidemiological research group (Warheit, Holzer, and Schwab, 1973) to compare present conditions to the Elizabethan era, when an epidemic of melancholy swept through Europe (see Babb, 1951). This epidemic of depression was attributed to rapid changes in beliefs, values, and social forms occurring in the late Renaissance. Depression, scholars speculated, resulted when people were unable to keep pace with rapid social change (again, see Babb, 1951). Making a parallel argument, several contemporary mental health epidemiologists suggested that the rapid change in women's social roles was precipitating the high and increasing rates of female depression.

Increased jobholding is certainly one of the very major changes in women's roles. Women, especially poor women, have always worked, but not in the large numbers or life cycle patterns that are typical today. Prior to this past decade, work and family roles were most often enacted sequentially (Hareven, 1978). The pattern of my own grandmother is typical. Upon completion of her education, she worked for several years in a shoe factory in Maine. At marriage, her work role was dropped for full time commitment to home and family. Many of the women in her cohort later re-entered the labor market after their children had grown up and left home. Now, the increasingly common life cycle pattern for women is to concurrently hold roles in the work and family domains. In fact, the single most dramatic change in the demographic characteristics of the female labor force since World War II has been the increased participation of mothers in the workforce, a percentage of mothers which had quadrupled between 1940 and 1974 (United States Department of Labor, 1975).

At the same time that this significant life cycle role shift has transpired, there is little evidence that major institutions have accommodated to these new patterns. Few workplaces have structured their daily schedules or work benefit systems to take women's concurrent roles as workers and homemakers into consideration (Kanter, 1977). As for change at home, only the most recent study of time use indicates re-ordering of assignments. Working women have slightly decreased the amount of time engaged in housework and husbands of working women have slightly increased theirs (Pleck and Rustad, Note 1). It is evident that increased jobholding by women has taken place at a faster pace than changes in the home or at the workplace that would facilitate concurrent role-holding by women in these two domains.

Because of this fast but uneven pace of social change, I thought that sources of flexibility between work and home would be important contributors to the well-being of working mothers. I also believed that flexibility built into work situations would be especially pertinent to low income mothers because they could not afford to buy goods and services to buffer conflicts between work and family. Economists do show that families with two earners generally spend more money on domestic help, household services, and food away from home than single-earner families spend. This is only true, however, above a certain economic threshold (cited in Reynolds, 1980). The mothers participating in this survey who worked as nurses aides and file clerks, button sorters and chambermaids, daycare mothers and telephone operators were most often unable to hire household help, buy prepared foods, or even afford the kind of childcare they wanted for their children. This, I thought, must take a toll on their mental health. It also highlighted to me the importance of flexibility between work and home. I will talk more about what I mean by work-home flexibility in a moment. Now I turn briefly to the empirical evidence bearing on the questions that I have posed.

There is no literature of which I am aware dealing with the psychological impact of lack of flexibility between work and home, but here have been a considerable number of studies comparing the well-being of working women and homemakers. I have elsewhere reviewed investigations of the effects of working across many different measures of physical and mental health and social behavior (Tebbets, Note 2). Here I confine my remarks to studies that have used dependent measures related to affective well-being - assessments of

happiness, work satisfaction, self-esteem, the experience of psychosomatic symptoms, anxiety, and depression. At least one reviewer of this literature concluded that the weight of evidence indicates that for women, working is associated with increased well-being (Kanter, 1977). My own impression is that this conclusion reflects the heavy bias toward middle-class and highly educated samples evident throughout this area of research. Looking across the full socio-economic spectrum, the only finding I can confidently draw is that benefits associated with workforce participation increase with higher levels of educational attainment and occupational prestige. This, unfortunately, offers no prediction about the relative benefits of working and full-time homemaking for low income mothers.

Still in search of clues about the relative benefits of working and homemaking, I turned to impressions from lengthy interviews which had been conducted with low income mothers about their work experiences. On one hand, most women described their jobs as low status, low paying, and at times resulting in unbelievable headaches in coordinating concerns in work and family. On the other hand, jobs did bring money, a possibility of bettering one's economic situation, and sometimes other rewards. The score card seemed quite evenly balanced, and thus I expected no direct correlation between employment status - that is, working and not working - and scores on the depression scale. Among working mothers, however, I expected that lack of flexibility between work and home would be associated with higher depression scores.

Methods

The survey of low income mothers upon which these findings are based was conducted by staff members, myself included, of the Stress and Families Project at the Harvard Graduate School of Education. This project is directed by Deborah Belle and was funded by the Mental Health Services Branch of the National Institute of Mental Health to investigate the sources of depression in low income mothers. This survey is a follow-up to an intensive interview study conducted by this research group (Belle et al, Note 4).

The sample.

The Stress and Families sample of 136 low income mothers[1] was recruited by sending brochures home with school children in grades one through six in three Boston area communities. This brochure described the study and encouraged mothers interested in participating to contact the Stress and Families Project. Participants were offered payment for completion of an interview. Mothers who then contacted us were screened according to several eligibility criteria. Full details of the sample, recruitment, screening, and interviewing are described in full detail elsewhere (Tebbets, Note 3). Relevant highlights are mentioned here.

Income eligibility was determined according to criteria used in the Cambridge school system to determine children's eligibility for free or reduced school lunches. Use of these criteria resulted in drawing a low income sample with an average annual per capita income of just over

[1] This actually represents a subset of the entire sample of low income mothers since data collection had not been completed when these analyses were conducted.

$2000. Participants were limited to women who were born in this country, spoke English, and had at least one child in grades one through six. Low income mothers in the Stress and Families sample are, on average, 34 years old, have slightly less than a high school education, and an average of 2.84 children. Fifty-five percent of the women are solo heads of household, just over one-third of the families live in public housing, and 58% are recipients of Aid to Families with Dependent Children (AFDC). This sample is comprised of both white and black respondents. Because the experiences of these two groups of women in the workforce differ considerably, however, the analyses reported below are based only on the interviews of white respondents.

In addition to the low income sample, a small comparison group of moderate income mothers, with an average annual per capita income of $4765.90 was interviewed. These women otherwise met the same eligibility criteria as the low income sample.

From both the low income and moderate income groups, subsamples of working women and homemakers were designated. To qualify as working, women must have been holding paid positions in the labor force for more than ten hours each week. Those included in the group of homemakers did not work for pay at all. Because the lives of students often resemble those of workers, non-working women spending more than twenty hours each week on work related to school were disqualified from the homemaking sample. These criteria resulted in subsample sizes of 40 working women and 42 homemakers in the low income group and 10 working women in the moderate income comparison group.

Major variables.

The sum of responses to a standardized mental health scale, the Center for Epidemiologic Studies Depression (CES-D) scale, provided the major dependent variable in this study. This scale consists of 20 items assessing the frequency

with which respondents experience affective, cognitive, and behavioral symptoms of depression (Radloff, 1977). Scores on this scale measure the severity of depressive symptomatology respondents have experienced in the past week, not a clinical syndrome of depression. High scores indicate severe symptomatology. Other variables are described below at the point at which they are relevant.

Results

My expectation that there would be no association between jobholding and depression was disconfirmed. Women who work are significantly less depressed than those who do not. In the sample of low income mothers, there was a strong association, a correlation of -.31, which has a probability level of less than .01, between having a position in the workforce and low depression scores. Before accepting this evidence as the final word on this issue, however, competing explanations for the relationship between jobholding and low depression scores must be considered.

Women who work have significantly higher incomes than those who do not. They are also significantly less likely to receive AFDC payments and to live in public housing, all of which are independently associated with high depression scores (see Table 1). Thus, it is possible that the mental health advantage of working women is due to their higher incomes. When annual per capita income, welfare status, and housing type are entered as control variables in the work status to depression relationship individually or together, the association between jobholding and low depression remains significant (See Table 2). Thus, job-holding does yield important economic benefits, but these do not account in full for the positive association between workforce participation and well-being.

Working and non-working women also have different family structures. Working women are signficantly more likely to be solo household heads than non-working women. They also have significantly fewer children and are less likely to have a child under six years old. Again, when these variables are entered as controls, singly or in combination with each other, the relationship between work status and depression remains significant. When all three controls are entered together, the correlation between work status and depression is -.27, which has a probability level less than or equal to .05.

The final variable entered as a control was education - which itself is both significantly linked to jobholding and depression. With education inserted as a control in the work status to depression relationship, this association does drop to a non-significant probability level of .11. Among these low income mothers, better educated women hold jobs, and it is the difference in educational levels of jobholders and homemakers that accounts for the difference in their depression scores.

If the fact that jobholding among low income mothers is associated with decreased depression conjures rosy images of low income mothers thriving in their dual roles, let me immediately dispel that image. Despite their mental health advantage over homemakers, the depression scores of the working women are far above population norms. Sixteen points on the depression scale is the arbitrary but customarily used cut-off score to distinguish mild from severe symptomatology - anything above sixteen is considered severe. (Radloff, 1975). The average depression score of these working women is 17.2 (compared to 23.6 for homemakers). In our survey we asked women to rate on a scale from one to one-hundred the amount of stress, distress, or worry they faced in different domains of life - the amount of stress they experienced in their roles as mothers and in their intimate relationships, as well as in relationships with friends and relatives. We also asked

women on welfare to rate the amount they worried about their dealings with the welfare system and all women to evaluate the distress they experienced over their own physical and mental health. We asked working women to report the amount of stress they associated with their jobs and women who were not working to assess the stress they experienced from not holding a job. The only significant differences between the groups of working and non-working women - in the worries associated with their dealing with the welfare system and in their intimate relationships - actually favored women who were full-time homemakers (See Table 3). This suggests that having a job does not reduce stresses in other domains of life, but that jobholding is itself a very important determinant of mental health.

In support of this indication that jobholding itself is very important to well-being, I found that lack of employment is associated with many negative indicators of well-being. For example the stress associated with not having a job is related to stress in every other life domain we investigated, and is even associated with high dissatisfaction in the home-making role (see Table 4).

The importance of lack of employment among low income mothers to their mental health and lives in general is a very important finding in its own right. The revelation that working women experience less depression but report slightly more stress remains anomalous and is returned to later for further discussion. Now, however, I turn to working women and the relationship that links between work and family have for their well-being.

I asked seven questions about flexibility between work and home. Respondents rated on a scale from one to five, from very easy to impossible, the ease with which they could leave work to see a child's teacher during their usual working hours or take their child to a doctor, have their children talk with them at work, bring children to work with them if

their ususal childcare methods fell through, or make alternate childcare arrangements. I also asked how easily respondents could take a day off from work to stay home with a sick child, how difficult it would be for them to change the number of hours they work each week, and how long it takes them to commute between work and home. In addition to the major dependent variables of depression scores and ratings of the stress respondents associated with their jobs, I asked respondents to signify their satisfaction with their jobs on a scale from one, very satisfied, to five, very dissatisfied.

Although there were many significant correlations between individual items and the dependent measures, which are included in the written version of this paper (see Table 5), for simplicity of oral presentation, I am only reporting associations resulting after a reduction of these variables had been made on the basis of a factor analysis(reported in Table 6). All the items I just described asking about work-home flexibility were entered into a varimax principal components factor analysis with iterations. This resulted in two factors with eigen values greater than one, and I assigned each item to the factor upon which it loaded most heavily. All but two items loaded most heavily on the first factor. The distinction between these factors I interpreted as one of a difference in methods of accommodating to family demands - those on the first factor are methods in which the worlds of work and family are kept discrete - accommodations are made, for example, by leaving work or changing working hours. In contrast, the items on the second factor are accommodations to family life made while mothers are still on the job - the questions asking how easy it is for respondents to talk to their families while they are at work and how easily they can bring their children to work if their usual childcare methods fall through.

All of the sources of work-home flexibility loading on each factor were summed into two composite variables and correlated with the dependent measures. Lack of work-home flexibility as assessed by items on the first factor correlates with high work stress. From the second factor, lack of on-the-job flexibility is associated with high depression scores (see Table7).

As you may remember from the discussion above, mothers included in the subsample of working women may have been holding jobs for as few as eleven hours each week. I thought that sources of flexibility in coordinating work and home might be even more important for women working 30 or more hours each week. This hunch was borne out. When I computed the same series of correlations I had done earlier for all working women for just the subsample of mothers working 30 or more hours each week, all of these relationships were strengthened and, in addition, lack of flexibility as assessed by items on the first factor is associated with high work dissatisfaction (see Table 8). I also summed all of the responses on every variable measuring work-home flexibility and correlated this with the dependent measures. Lack of overall flexibility is associated with high work dissatisfaction and high work stress.

To compare the impact of work-home flexibility to other job characteristics, I computed step-wise regression equations. I regressed work stress, work satisfaction, and depression on composite variables assessing the quality of women's jobs, the benefits such as health insurance that jobs offer, and work-home flexibility. Flexibility is the most important predictor of both work satisfaction and depression.

To recapitulate from the earlier explanation of my interest in sources of flexibility, I had speculated that because low income mothers are less able to buy the goods and services to effectively bridge the worlds of work and family, their mental health would be more affected by sources of work-home

flexibility than moderate income mothers. This hypothesis was partially confirmed. For the moderate income group, lack of flexibility does not lead to high work stress as it does for poor women. For both income groups, however, high flexibility is associated with high work satisfaction (see Table 9). In sum, high work-home flexibility is a bonus for both low income and moderate income working mothers, but only for the low income mothers is lack of flexibility associated with high work stress.

Although I do not have time to go into it fully here, I also found that there are aspects of family life that set parameters for the well-being of low income working mothers, quite possibly by influencing the ease with which they could coordinate their dual roles For low income working mothers larger numbers of children and higher ratios of children to adults are associated with higher depression. Being a solo head of household is similarly associated with increased depression. In contrast, these family composition factors make no difference on the depression scores of either homemakers or moderate income working women. A question was included that asked respondents if they could afford the childcare they wanted for their children. A negative response to this question was associated with high depression scores for low income working mothers but again bore no relation to the well-being of the other two groups of women.

Discussion

The first major issue identified in this study is the extremely deleterious effect that lack of employment has on low income mothers. Female rates of unemployment have been growing at a faster rate than men's (United States Department of Labor, 1975). This trend itself may account in part for women's apparently rising rates of depression and the concentration of high rates among low income and poorly educated women. Given the current economic situation with high unemployment, the outlook for improvement in the mental health of these women is not good.

That sources of flexibility between work and family are important to the mental health of low income working mothers is a second major point identified in this study. Sources of flexibility should not be viewed, however, as unmitigated blessings. They do reduce work stress, increase work satisfaction, and decrease depression. At the same time, some are stop-gap measures which may have long-term adverse consequences. For example, taking days off to stay home with sick children or changing work hours to meet family contingencies may result in employers' perceptions of mothers as less than fully committed and reliable workers. Economists suggest that women's proclivity to take jobs that offer flexible hours may account in part for the huge and growing gap in male and female average earnings (Reynolds, 1980). Ad hoc sources of flexibility should not, therefore, be construed as substitutes for serious restructuring within work and family to facilitate women's dual role-holding and long-term upward mobility in the labor market.

Finally, I want to emphasize that employment for low income mothers is no bed of roses. These working women have high rates of depression in comparison to population norms and face numerous stresses in coordinating their multiple concerns.

The question of the long term effects of employment under difficult life circumstances is an important question which a cross-sectional study such as this cannot adequately address. As speculation, however, I bring your attention to the somewhat anomalous finding that mothers holding positions in the workforce report less depression but more stress than full time homemakers. A recent longitudinal study of coronary heart disease in Framingham, Massachusetts (Haynes and Feinleib, 1980) reported that women who had worked the longest, many of whom were single, had the lowest disease rates of all women. Clerical workers, however, are almost twice as likely as homemakers to contract coronary heart disease. Women most at risk for heart malfunction are working women with three or more children, and among these women, clerical workers with blue-collar husbands are must susceptible. This raises a sobering possibility. The low income working women interviewed in the Stress and Families survey have a short run advantage over their homemaking counterparts in terms of depression. The long run trade-off, however, may be that these working mothers will suffer more coronary heart disease[1]. This places women in a dilemma that only serious social change to facilitate dual role-holding can solve.

1 I am indebted to Fred Brousseau for this point.

TABLE 1

ZERO ORDER CORRELATIONS BETWEEN DEMOGRAPHIC CHARACTERISTICS, WORK STATUS, AND DEPRESSION FOR LOW INCOME MOTHERS

N = 82

Demographic characteristics	Work Status	Depression
Per capita annual income	.34****	-.27****
Welfare status	-.15*	.32****
Public housing residence	-.35****	.25***
Number of resident children	-.27***	.16*
Child under 6 years	.13	.16*
Family type	.27***	.06
Education	.44****	-.31****

* $p \leq .1$

** $p \leq .05$

*** $p \leq .01$

*** $p \leq .001$

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1 Coding

Work status	1 = Homemaker 2 = Working mother
Income	Higher scores indicate higher income.
Welfare status	1 = Not receiving welfare 2 = Receiving some form of government assistance
Housing	1 = Residence in private housing 2 = Residence in public housing
Number of resident children	Higher scores indicate more children.
Child under six years	1 = No child under six years 2 = At least one child under six years
Family type	1 = Couple-headed household 2 = Female-headed household
Education	Higher scores indicate more education.

TABLE 2

HIGHER ORDER CORRELATIONS BETWEEN DEMOGRAPHIC CHARACTERISTICS, WORK STATUS AND DEPRESSION FOR LOW INCOME MOTHERS

A. First order correlations between work status and depression controlling for:

	Degrees of freedom	r
Per capita income	79	-.17**
Welfare status	76	-.21**
Public Housing	76	-.17*
Number of resident children	79	-.16**
Child under 6 years	79	-.23**
Family type	71	-.30***
Education	79	-.13

B. Third order correlations between work status and depression controlling for:

	Degrees of freedom	r
Per capita income, public housing, and current welfare status	74	-.15*
Number of resident children, presence of a child under 6, and family type	69	-.27**

1 Coding

Work status	1 = Homemaker 2 = Working mother
Income	Higher scores indicate higher income
Welfare status	1 = Not receiving welfare 2 = Receiving some form of gov't assistance
Housing	1 = Residence in private housing 2 = Residence in public housing
Number of resident children	Higher scores indicate more children.
Child under six years	1 = No child under six years 2 = At least one child under six yrs.
Family type	1 = Coupled-headed household 2 = Female-headed household
Education	Higher scores indicate more education

TABLE 3

RATINGS OF STRESS IN DIFFERENT LIFE DOMAINS
FOR LOW INCOME WORKING MOTHERS AND HOMEMAKERS [1]

Life Domain	Working women	Homemakers	t-statistic (two-tailed)
Stress in the parental role	45	44.5	-.07
Stress in dealing with the welfare system	65.5	42.2	-2.46**
Health stress	41.09	45.9	.53
Financial stress	65.0	70.2	-.94
Stress in relationships with friends	36.1	43.4	1.26
with relatives	36.1	43.4	1.26
in intimate relationships	40.8	27.7	-1.73*
Stress working women assoicate with their jobs		23.2	
Stress homemakers associate with not holding a position in the labor force		42.6	

* $p \leq .1$

** $p \leq .05$

*** $p \leq .01$

**** $p \leq .001$

1

All ratings were made on a scale from one to one hundred.

TABLE 4

THE RELATIONSHIP OF STRESS ASSOCIATED WITH NOT HOLDING A JOB TO DEPRESSION AND STRESS IN OTHER LIFE DOMAINS FOR LOW INCOME HOMEMAKERS

Variable	Pearson r
Depression scores	.50****
Stress in the parental role	.48***
Health stress	.37**
Financial stress	.40***
Stress in relationships:	
with friends	.53***
with relatives	.27**
in intimate relationships	.39***
Stress in dealing with the welfare system	.40***

* $p \leq .1$

** $p \leq .05$

*** $p \leq .01$

**** $P \leq .001$

TABLE 5

ZERO ORDER CORRELATIONS BETWEEN SOURCES OF WORK HOME FLEXIBILITY AND MEASURES OF WELL-BEING IN THE WORK DOMAIN FOR LOW INCOME WORKING MOTHERS

N = 40

Flexibility source	Work Dissatisfaction	Work Stress	Depression
Commuting time	.12	.04	.21*
Inability to see teacher or doctor	.06	.28**	.15
Difficulty in talking to children	-.14	-.04	-.01
Inability to stay home with sick child	.07	.20	-.00
Unable to bring child to work	-.02	-.13	.33**
Difficulty in making child-care arrangements	-.02	.27**	.17
Difficulty in changing work hours	-.07	.31**	.16

* $p \leq .1$

** $p \leq .05$

*** $p \leq .01$

**** $p \leq .001$

TABLE 6

PRINCIPAL COMPONENTS FACTOR ANALYSIS WITH ITERATIONS
FOR WORK-HOME FLEXIBILITY ITEMS

Flexibility source	Factor 1	Factor 2
Commuting time	.24576	.13898
Inability to see teacher or doctor	.45804	.06026
Difficulty in talking to children	.06902	.42002
Inability to stay home with sick child	.85860	.14438
Unable to bring child to work	.13385	.85510
Difficulty in making childcare arrangements	.30829	-.00417
Difficulty in changing work hours	.49106	.19397

TABLE 7

ZERO AREA CORRELATIONS BETWEEN COMPOSITE VARIABLES ASSESSING SOURCES OF WORK-HOME FLEXIBILITY AND WELL-BEING IN THE WORK DOMAIN FOR LOW INCOME WORKING MOTHERS

N = 40

Computed variable	Work Dissatisfaction	Work Stress	Depression
Work-home inflexibility off the job	.09	.29**	.15
Work-home inflexibility on the job	-.04	-.04	.28**
Overall inflexibility	.03	.15	.19

TABLE 8

THE RELATIONSHIP BETWEEN COMPOSITE VARIABLES ASSESSING SOURCES OF WORK-HOME FLEXIBILITY FOR MOTHERS WORKING THIRTY HOURS PER WEEK OR MORE AND WELL-BEING IN THE WORK DOMAIN

N = 20

Flexibility source	Work Dissatisfaction	Work Stress	Depression
Work-home inflexibility off-the-job	.68***	.42**	.01
Work-home inflexibility on-the-job	.23	.12	.31*
Overall inflexibility	.63***	.37*	.06

* $p \leq .1$

** $p \leq .05$

*** $p \leq .01$

**** $p \leq .001$

TABLE 9

THE RELATIONSHIP BETWEEN COMPOSITE VARIABLES ASSESSING SOURCES OF WORK-HOME FLEXIBILITY AND WELL-BEING IN THE WORK DOMAIN FOR MODERATE INCOME WORKING MOTHERS

N = 10

Flexibility source	Work Satisfaction	Work Stress	Depression
Work-home inflexibility off-the-job	.43	.19	-.30
Work-home inflexibility on-the-job	.59**	.13	-.22
Overall inflexibility	.51*	17	-.27

* $p \leq .1$

** $p \leq .05$

*** $p \leq .01$

**** $p \leq .001$

Research Notes

1. Pleck, J. and Rustad, M. Husbands' and wives' time in family work and paid work in the 1975-76 study of time use. Unpublished manuscript, Wellesely College Center for Research on Women, March, 1980.

2. Tebbets, Ruth. An examination of the empirical literature on the effect of women's work status on their well-being. Unpublished manuscript, Harvard University, June, 1980.

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